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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S19214

TRANS-PHOS, INC.

Princip	 pal∤F	Place of Business .	Mailin	g Address		•			{ 	I INT HAND LUNAN FI	201 B 8 189	#HOLE BEALL	I WIWII GAWIFI	BIRKI BIBIK NUBK
4001 NORALYN MINE RD. PO BOX 2026				P O BOX 2026 PO BOX 2026						, , , , , , , , , , , , , , , , , , ,	MOITE IN	TIME C	DACE	•
BARTOW FL 33830				BARTOW FL 33831-2026					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
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	i	9. Name and Address of Curre	ent Register	ed Agent					10. Name and	Address of N	ew Regist	ered Ag	ent	· · · · · · · · · · · · · · · · · · ·
					•	81	Name				,			Ì
		WHITNEY, RICHARD, L					82 Street Address (P.O			ber is Not Ac	ceptable)			
			ALYN MINE RD & S.R. #640						· · ·		· · · · · ·			
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11. P	ursu	uant to the provisions of Sections 607.05 or registered agent, or both, in the State	502 and 607.	1508, Florida Sta	tutes, the	e above	e-named	corporation	ation submits this	statement fo	r the purpo accept the a	se of ch appointr	nanging its ment as re	registered aistered
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in achment with an address, with all other like empowered. Block 12 or Block 13 if change

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BARTOW FL

ATORE REQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR